

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022999

STATE FILE NUMBER

FILED JUN 23 1958		Registration District No. 310		Primary Registration District No. 6051		Registrar's No. 148	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Saint Charles				a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN rural-St. Chas. twsp.				c. CITY OR TOWN Saint Louis Co.			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. River, Wabash				d. STREET ADDRESS 2723 No. Hanley			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Bridge Middle Elizabeth Last Ryan				June 11, 1958			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH April 2, 1900	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		100. KIND OF BUSINESS OR INDUSTRY own		11. BIRTHPLACE (City and state or country) Saint Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John McCloud				14. MOTHER'S MAIDEN NAME Mary Kelly			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 498-14-2488			
17. INFORMANT				Address Walter D. Ryan, 104 W. Monroe, St. Louis			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) Accidental drowning in Missouri River							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						9298 42	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Drowning	
20c. TIME OF INJURY Hour a. m. 6 p. m. 9		Month, Day, Year 1958		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Missouri River		20f. CITY, TOWN, OR LOCATION 092 COUNTY St. Charles Mo. STATE	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20g. CITY, TOWN, OR LOCATION 092		20h. COUNTY St. Charles		20i. STATE Mo.	
21. I attended the deceased from Inquest held June 13, 1958 and last saw her alive on Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Morris Marchant, Coroner				22b. ADDRESS Wentzville Mo		22c. DATE SIGNED June 11, 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 11 - 58		23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
24. FUNERAL DIRECTOR ADDRESS Stuart & Sons, St. Louis, Mo.				25. DATE RECD. BY LOCAL REG. June 11 - 58		26. REGISTRAR'S SIGNATURE Maurice Wilson	

(Licensed Embolmer's Statement on Reverse Side)

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

JUN 23 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.